



TOWN OF STONINGTON

ASSESSOR'S OFFICE

152 Elm Street • Stonington, Connecticut 06378

(860) 535-5098 • Fax (860) 535-5052

Dear Property Owner:

During the January 2009 Legislative Session, "Public Act 09-196 AN ACT CONCERNING MUNICIPAL ASSESSMENT AND ASSESSMENT APPEALS," was passed modifying the filing requirements of the Income and Expense forms. (Effective October 1, 2009)

The enclosed income and expense forms continue to be due on June 1, 2010 and **failure to file on time shall result in the addition of a 10% assessment penalty**. The amendment provides for an extension of up to 30 days that may be granted upon a written request by the owner for "good cause" when such request is received no later than May 1st.

The amendment sets conditions under which the assessor and board of assessment appeals may waive penalties for failure to submit the data timely. The Town's legislative body may pass an ordinance allowing for a penalty waiver under specific conditions. Presently, there is a proposal pending, for the Town's legislative body approval to allow for the granting of a waiver of the penalty, "...if the owner of the real property required to submit the information is not the owner of such property on the assessment date for the grand list to which such penalty is added."

Marsha L. Standish, CCMA II, CCMC
Assessor

Town of Stonington Assessor's Office
Skilled Nursing Facility
Income and Expense Survey for Calendar Year 2009
(Due June 1, 2010)

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable): _____

Property Address: _____

Form Preparer/Position: _____

Telephone Number: _____

General Data

Number of Rooms (or Units) _____

Number of Licensed Beds _____

Potential Gross Income (At 100% Occupancy):

Type of Patient		Daily Reimbursement Rates	Census (# Patient Days)	Annual Income
Private Pay	Private			
	Semi-private			
	Wards			
VA	Skilled			
	Intermediate			
HMO	Semi-private			
Medicare	Semi-private			
Medicare	Semi-private			

Potential Annual Rental Income (Full Occupancy) \$ _____

Ancillary Income: \$ _____

Total Potential Gross Income \$ _____

Annualized Vacancy and Collection Loss: \$ _____

Effective (Actual) Gross Income \$ _____

(Skilled Nursing Facility Property Cont'd.)

Annual Operating Expenses:

Fixed Expenses

Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Insurance	\$ _____

Variable Expenses

Administration/Marketing/Activities	\$ _____
Food Service	\$ _____
Housekeeping and Laundry	\$ _____
Nursing and Personal Care	\$ _____
Maintenance & Janitorial	\$ _____
Utilities	\$ _____
Administrative, Legal & Accounting	\$ _____
Management Fees	\$ _____
Replacement Reserves (please explain below)	\$ _____

Total Operating Expenses \$ _____

Net Operating Income \$ _____

If possible, please include a copy of your year end Income Summary.

Yes

☐

No

☐

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, explain: _____

Comments or additional Information (may be attached): _____

Signature/Position

/ _____
Date